

CONTEST ENTRY FORM

CONTEST **CAPO Australian Powerlifting Championships**

EVENT DATE **17-18 August 2019**



www.capopowerlifting.com.au

Please complete all details below:

NAME		DATE OF BIRTH	
MAILING ADDRESS		AGE (on comp day)	
		CONTACT No.	
		WEIGHT CLASS	Kg
		Qualifying Wt Class	Kg
Email			
Are you a current CAPO Member	YES / NO	<p>You must be a FULL current CAPO Australian Powerlifting member prior to competing in this event.</p> <p>Please register at www.capopowerlifting.com.au</p>	

Select Event/s, Category and Division:

DATE	EVENT	CATEGORY	DIVISION	
Sat, 17 August [WPC sanctioned]	<input type="checkbox"/> BENCH PRESS	<input type="checkbox"/> Raw <input type="checkbox"/> Single Ply <input type="checkbox"/> Multi Ply	<input type="checkbox"/> Open Men <input type="checkbox"/> Master Men <input type="checkbox"/> Junior Men <input type="checkbox"/> Teenage Men	<input type="checkbox"/> Open Women <input type="checkbox"/> Master Women <input type="checkbox"/> Junior Women <input type="checkbox"/> Teenage Women
Sat, 17 August [WPC sanctioned]	<input type="checkbox"/> 3-LIFT	<input type="checkbox"/> Raw <input type="checkbox"/> Classic Raw (wraps) <input type="checkbox"/> Single Ply <input type="checkbox"/> Multi Ply	<input type="checkbox"/> Junior Men <input type="checkbox"/> Teenage Men	<input type="checkbox"/> Open Women <input type="checkbox"/> Master Women <input type="checkbox"/> Junior Women <input type="checkbox"/> Teenage Women
Sun, 18 August [WPC sanctioned]	<input type="checkbox"/> 3-LIFT	<input type="checkbox"/> Raw <input type="checkbox"/> Classic Raw (wraps) <input type="checkbox"/> Single Ply <input type="checkbox"/> Multi Ply	<input type="checkbox"/> Open Men <input type="checkbox"/> Master Men	

You must be a FULL current CAPO Australian Powerlifting member prior to competing in this event.

MEDALS will be presented under the following criteria:

1. This is a RAW PLUS meet – lifting raw is up to the individual.
2. OPEN competition by weight division does NOT use any formula... it's simply the weight on the bar.
3. Age coefficient will only be used when calculating the Overall Winners for Teen, Junior and Masters across all weight classes.
4. Glossbrenner will be used for OVERALL OPEN winner from the weight class winners, ie winner must win their weight class to be eligible.

RECORDS can be broken for **Raw, Classic Raw (Raw Plus), Single Ply, Multi Ply** and **age categories**.

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Event Payments

<input type="checkbox"/> 3-Lift	\$ 100	\$
<input type="checkbox"/> Bench Press	\$ 80	\$
<input type="checkbox"/> 2 events	\$ 170	\$
<input type="checkbox"/> Late Entry fee	\$ 50	\$
.....Event t-shirt S / M / L / XL / 2XL / 3XL / 4XL	\$ 40 ea	\$
TOTAL PAYMENT DUE		\$

Entries close Friday 26 July

\$50 Late Entry Fee applies after this date

Payment must be received with entry form

Please forward Entry Form and Athlete's Declaration to:

caponats@gmail.com

****NB - this is a different email address from last year ****

PAYMENTS TO:

Account Name: **CAPO POWERLIFTING AUSTRALIA**

Bank Details: **BSB: 016 270 ACC: 307015549**

Bank: **ANZ**

PLEASE USE YOUR NAME AS REFERENCE FOR THE PAYMENT

VOLUNTEERING

These events are not a success without everyone doing their bit to help, so please nominate a role and a period of time you are able to assist.

	Friday AM	Friday PM	Saturday AM	Saturday PM	Sunday AM	Sunday PM
<input type="checkbox"/> Bump In Thursday evening						
<input type="checkbox"/> Bump out Sunday						
<input type="checkbox"/> Loader / Spotter						
<input type="checkbox"/> Monolift J-hook						
<input type="checkbox"/> Marshall/Platform Manager						
<input type="checkbox"/> Timer						
<input type="checkbox"/> Scorer (computer)						
<input type="checkbox"/> Scorer (cards)						
<input type="checkbox"/> Referee						

ATHLETE'S DECLARATION



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1. I(insert your full Name), whose signature appears on this entry form, in consideration of, and as a condition of acceptance of my entry in this event, hereby waive all and any claim, right or cause of action which I or my heirs might otherwise have arising out of my life, or injury, damage or loss of any description what so ever which I may suffer or sustain in the course of or consequent upon my participation in the said event, including expenses of subsequent medical treatment or hospitalisation.
2. This waiver, release and discharge shall be and operate separately in favour of all persons, companies and bodies involved in promotion or conduct of the event, and the servants, agents, representatives, and officers of any of them, and of any first aid or paramedical personnel summoned in the event of injury to me.
3. You are required to answer all questions with YES OR NO (circle your response), providing full details of any injuries / ailments/ allergies/ medications or any other health related information that you should declare, or may affect / impair participation in any physical activity involved in Powerlifting competitions. If you are unsure please ask for assistance.
 - a. Are you currently taking any type of prescribed drugs, antibiotics or medication? YES / NO
If yes, give details
 - b. Have you previously suffered or do you suffer from any of the following – Fainting, dizziness, or blurry vision? YES / NO
If yes, give details
 - c. Do you suffer from Epilepsy? YES / NO
 - d. Do you suffer from severe migraines / headaches? YES / NO
 - e. Do you suffer from High or low blood pressure? YES / NO
 - f. Do you suffer from Asthma or breathing disorders? YES / NO
If yes, give details
 - g. Do you suffer from Diabetes? YES / NO
 - h. Do you suffer from Depression or anxiety? YES / NO
 - i. Do you need to carry medication on you for any of these ailments? YES / NO
Please provide the name/s, dosage/last taken of medication
 - j. Do you suffer from stiff upper body or lower body Joints, muscular or back pain that can be aggravated by movement? YES / NO
Please provide Details;-
 - k. Have you been admitted to hospital in the past 6 months? YES / NO
Please provide Details;-
 - l. Have you had any injuries or surgery recently, or in the past twelve months? YES / NO
Please provide Details;-
 - m. Have any scheduled surgeries or treatments that can impair or reduce your level of participation? YES / NO
Please provide Details;-
 - n. Have you, or do you suffer from any sort of chest pain, palpitations or shortness of breath? YES / NO
 - o. Are you a smoker? YES / NO
if YES, how many a day;-
 - p. Do you have a bone or joint condition that may be aggravated by exercise? YES / NO
 - q. Do you have a medical condition for which your entry in this event presents a risk? YES / NO
 - r. Is this your first time competing in a Powerlifting event? YES / NO

HEALTH AND MEDICAL DECLARATION

I have read and answered the above health and medical history and have answered all questions honestly and to the best of my knowledge. I will supply a medical certificate or a Doctors letter if requested as a condition of entry. I have been assessed by a Medical Professional that I am in good health, with no physical limitations, health issues or illnesses that may pose a risk to myself or other competitors involved. By signing below acknowledge that I have read and understood this Declaration. I understand that withholding any relevant information regarding my health, fitness or physical condition may affect my participation in any future CAPO Australian Powerlifting events.

NAME

SIGNATURE(plus Parent/Guardian if entrant is under 18)

FULL NAME
(Print using block letters)

DATE/...../.....